



KENTUCKY BOARD OF EXAMINERS OF PSYCHOLOGY

P.O. Box 1360, Frankfort, KY 40602 (Regular Mail)
911 Leawood Dr, Frankfort, KY 40601 (Courier/Special Delivery)
Phone: (502) 782-8812 ~ Fax: (502) 696-3925 ~ <http://psy.ky.gov>

SUPERVISORY REPORT

Dates of Past Supervision

From _____ to _____

Supervisee		Supervisor	
Business Address		Business Address	
Phone	Fax	Phone	Fax

LICENSE LEVEL

- ☐ Temporary Licensed Psychological Associate ☐ Temporary Licensed Psychologist
☐ Licensed Psychological Associate / Certified Psychologist

FREQUENCY, FORMAT, AND DURATION OF SUPERVISION

Individual face-to-face, one hour – 201 KAR 26:171 Section 12

- ☐ Weekly
☐ Two meetings every four weeks
☐ Other Board-approved arrangement: _____
attach a copy of approval letter

Direct Observation – 201 KAR 26:171 Section 8(4)

- Frequency: ☐ At least once every two months
☐ Other Board-approved arrangement: _____
attach a copy of approval letter

- Method: ☐ Audiotape ☐ Video camera ☐ Videotape ☐ One-way mirror ☐ Co-therapist
☐ Other: _____

Supervisory Report Submission Requirements

- ☐ 6 months ☐ 1 year ☐ 2 years ☐ Other: _____

EVALUATION OF SUPERVISEE

STRENGTHS

WEAKNESSES (Address remediation of weaknesses in next Supervisory Plans and Goals)

STRENGTHS/WEAKNESSES OF SUPERVISOR OR SUPERVISORY PROCESS

Reviewed by: _____ Date: _____ ☐ Approved ☐ Deferred ☐ Denied

Comments:

EXCEPTIONAL	GOOD	COMPETENT	POOR	UNACCEPTABLE	NOT APPLICABLE
1) Foundations in psychological theory.					
5	4	3	2	1	NA
2) Ability to conceptualize and organize cases.					
5	4	3	2	1	NA
3) Ability to formulate diagnostic impressions from interviews.					
5	4	3	2	1	NA
4) Ability to formulate diagnostic impressions from formal assessment procedures.					
5	4	3	2	1	NA
5) Ability to manage time and caseload responsibilities competently.					
5	4	3	2	1	NA
6) Practice/intervention skills.					
5	4	3	2	1	NA
7) Ability to produce written reports and evaluations that are theoretically sound and supported by the data.					
5	4	3	2	1	NA
8) Ability to utilize consultation/supervisory process.					
5	4	3	2	1	NA
9) Ability to conduct practice in a legal and ethical manner.					
5	4	3	2	1	NA
<p>***NOTE: Ratings below "3" should be addressed in next Supervisory Plans & Goals***</p>					
OTHER COMMENTS: _____					

Supervisee Signature			Date		
Supervisor Signature			Date		